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EDITORS.

## Original.

### THE TREATMENT OF TUMOR ALBUS.

BY W. T. CHANDLER, M. D.

Under the indefinite appellation of tumor albus the older writers included almost all of our arthritic pathology. Modern authors are more systematic in their classification, and attempt a differential diagnosis according to the anatomical structures involved. Such nice discrimination, however, for all practical purposes is unessential. The symptoms of tumor albus are sufficiently characteristic and well known to the intelligent practitioner to obviate the necessity of any comment here. Suffice it to say the organic changes that take place in the different diseases embraced under this title are all essentially of an inflammatory nature, differing in intensity and form according to the structures involved and the duration of the malady, whether the disease be the rapid action of an acute synovitis or the slow granular changes that take place in the interarticular cartilage and the proximate osseous structures.

Whether the disease involves a diathesis or not—as it most certainly does in the majority of cases—as a rule it has its inception in some mechanical injury to the parts directly involved. Injuries seemingly of the most trivial nature, and which usually pass off in a few hours or days at most, sometimes culminate in complete disorganization of the joint and its contiguous structures. The malady seems sometimes, however, to

commence without any appreciable exciting cause.

Whatever structures are first affected, unless resolution speedily takes place, the pathological changes become general, and whether the disease originates in the synovial membrane, the bones, or the tissues about the joint, if the disease progress they are all finally involved.

But it is not the object of this paper to offer a dissertation upon the pathology and semeiology of arthritis, acute or chronic, but to give some practical hints and cases illustrating its treatment.

The functional use of the parts, together with the friction of the diseased structures one upon the other, I think, more than any peculiar diathesis or dyscrasia, serve to perpetuate and extend the disintegrating changes that take place in the tumor albus.

In this disease, as in all other inflammations, the first great object of treatment is rest—complete rest—absolute immobility of the joint.

I feel satisfied from an experimental knowledge that, in cases where the disease has its origin in the synovial membrane or ligamentous structures, resolution may generally be speedily brought about by immobilization early and persistently enforced. Even when the malady originates as an osteitis or an osteomyelitis, the same measure will often bring about resolution if practiced before changes of a disintegrating and destructive character have become established; and at any stage of the disease it will contribute to the comfort and often the radical cure of the patient.

That the use of cold and warm applications judiciously applied, as well as counter-

irritation by blisters or the actual cautery, have been of service in these cases no one can deny; but after the first acute symptoms have passed they are mere adjuncts to the complete rest secured by immobilization of the joints, and should never be used to the exclusion of such practice.

To secure this perfect rest extensive and costly apparatus has been invented, and the skill and ingenuity of the instrument-makers have been taxed to supplement the design of the inventors. But all of these, aside from the expense of their production, are inferior to the well-applied starch, plaster, or manilla bandages in securing perfect rest. Chafing and undue pressure of particular parts are prevented by the cotton-padding, while the fixed apparatus so fits the inequalities of the limb as to secure equal pressure and perfect immobility.

If extension has been maintained while the dressing is drying, the diseased extremities of the articulating bones are maintained separate and prevented from pressing injuriously upon each other.

These results, which can not so perfectly be secured by any other apparatus, are the great desiderata in the treatment of tumor albus.

If a patient has an inflamed eye or hand, or an inflammation of any of the viscera, there are few practitioners who would not consider functional rest as far as practicable of paramount importance; yet there are hundreds of these same practitioners who, between counter-irritants and alteratives, under the vague idea of the scrofulous diathesis, allow the diseased joint to go on from bad to worse, till the usefulness of the limb, if not the life of the patient, is sacrificed to the faith he imposes in his physician. And right here I might remark that constitutional measures, though important to the success of treatment, are of little avail unless supplemented by the local measures already indicated.

CASE I.—Boy, aged twelve years; marked cachexia, emaciated, and anæmic; the right knee-joint considerably swollen, but not discolored; had been lanced, and was running

a small quantity of pus, the sinus communicating with carious bone near left condyle. He stated that some six months previously he first noticed some pain with slight swelling of the knee. His family physician at first thought the trouble rheumatic, but as the malady developed he recognized the nature of the trouble, and gave alteratives internally and applied tincture of iodine locally; but still the local and general symptoms increased until locomotion became impossible.

At this time I first saw the patient. I immediately proceeded to incise the limb in the immovable plaster-dressing, cutting a fenestra over the sinus for the discharge of pus and necrosed bone. Internally I ordered the patient cod-liver oil and the syrup of the iodide of iron.

During the next three or four weeks three small sequestri of bone came from the sinus, and the wound healed. The plaster-dressing was continued, resulting in three months in a complete cure, with perfect mobility of the joint. The pain—which had become almost intolerable, so that the patient could not sleep except under hypnotics—was completely subdued in a few hours. The constitutional improvement was as marked as the local. It has now been over eighteen months, and there has been no return of the trouble, and the patient is in apparent good health.

CASE II.—A youth, aged fifteen, general health very bad, emaciated and enfeebled, had suffered from a swelled knee for over three years. Patient said he had not had a good night's sleep for over a year, and was compelled to take opium for the relief of pain.

The knee-joint was greatly enlarged and the muscular structure of the diseased limb considerably atrophied from disease. Upon straightening the leg and giving him a smart blow on the plantar aspect of the foot, he complained of a sharp pain in the knee-joint. Pain thus elicited, of a peculiar lancinating character, is thought by some to be due to erosion of the articulating cartilages,

the sensitive surfaces being driven in contact by the blow.

I incased this patient's leg in a plaster-bandage from the toes to the hip, removing and applying a new bandage every six weeks; gave cod-liver oil and syrup of iod. of iron internally. This treatment I kept up for six months. The pain was controlled from the first. The patient recovered with an ankylosed joint, and is now in tolerably good health.

CASE III.—Boy, aged six, in good health, fell while playing; struck his elbow against the floor, but did not complain of any injury at the time. Two or three days later the joint began to swell, and became red and painful. The family physician thought it erysipelas, and applied tincture of iodine locally and administered tincture muriate of iron internally, but the case grew steadily worse. I first saw the patient about six weeks after the injury. The elbow was greatly enlarged, with effusion into the synovial sac and inflammatory infiltration of the soft parts around the joint. I put the arm in a firm plaster-dressing from the hand to the shoulder, and administered mild cathartics with iodide potassium. I removed the bandage in three weeks, when the arm was completely cured. In this case the arm became loose in the bandage in a week. I cut out a strip and tightened the dressing with an ordinary roller-bandage.

I might enumerate many more cases in which the plaster-dressing has proved in my hands of inestimable service in the different varieties of arthritis, acute and chronic, traumatic and scrofulous. In all these cases it supplies two great necessities in treatment—functional rest to the inflamed part, and firm and equal pressure to parts weakened and infiltrated by inflammatory products.

The usefulness of the plaster-dressing seems to increase with its use from day to day, and certainly there is no modern surgical invention of greater utility. One has but to try it to be captivated by it in fractures, in sprains, and arthritic troubles generally.

CAMPBELLVILLE, KY.

## BLOOD-LETTING IN CEREBRAL CONGESTION.

BY J. H. O'REILLY, M.D.

*United States Marine Hospital Service.*

Cases of active cerebral congestion due to various causes are met with by the physician at all seasons of the year. It is, however, to the abstraction of blood as an element in the treatment of those sudden and too often fatal visits of this disorder, which occur almost exclusively during the summer months, that I would particularly direct attention.

It is little less than superfluous to observe that the following remarks are not applicable to instances of simple prostration resulting from the combined effects of anæmia, weakness, and heat; neither are they intended to apply to cases of apoplexy or cerebral hemorrhage, although in the latter disorder venesection and arteriotomy, while yet a question sub judice, might not be altogether inappropriate. The pathology of the condition to which reference is made consists in an over-distended state of the cerebral vessels with usually slight serous exudation. Many cases of so-called sun-stroke are included under this definition. The occurrence of the state of affairs just mentioned, while not confined to any special class of individuals, is found to take place most frequently in persons of fine muscular development, who, while they are copiously supplied with and rapidly manufacture good blood, are at the same time not prone to the accumulation of fat. A majority of instances, therefore, are met with among farmers and male members of the laboring population. In these persons the almost constant contraction of numerous large muscles, which, while expediting the return of venous blood to the heart, offers at the same time a source of obstruction to the outflow of arterial blood from the same organ, is probably one of the chief factors in the production of cerebral congestion. Heat, an overloaded stomach, indigestion, and constipated bowels also aid materially in producing this result. The attack is sometimes preceded by an arrest of the perspira-

tion, a sensation of oppression, giddiness, and general uneasiness. Sometimes it comes on without previous warning, usually while the individual is at work. A description of the symptoms is unnecessary. To the experienced practitioner a glance will be sufficient to reveal the true nature of the patient's condition, while to the younger members of the profession the pulse, the appearance of the face, the condition of the muscular system, and the temperature will furnish ample means of diagnosis from the few other disorders for which it might be mistaken.

The prognosis, except in mild cases, is usually grave. Every summer, throughout the United States alone, hundreds fall victims to attacks of this trouble.

The routine treatment of these cases, so far as my observation and reading will permit me to judge, consists in using, singly or combined, the following remedies: croton-oil, emetics, mustard or other medicated hot baths, ice and cold-water applications to the head, blisters, cups, enemata, diuretics, diaphoretics, and cardiac sedatives. This treatment meets all the indications, and is not only theoretically correct, but practically of inestimable value in mild attacks, among children, most women, and men of feeble constitution. There are many cases, though occurring among robust, strong-hearted subjects, for which nothing short of copious blood-letting will act with sufficient promptness and efficacy to avert a fatal termination. How it acts under these circumstances; how it lessens the force and frequency of the pulse, relieves the muscular twitchings, and produces both emesis and diaphoresis, it is not my purpose to explain; but I would like to call attention to the fact that while vomiting and sweating are common sequels to the abstraction of blood, they will take place frequently after it in cases where strong emetics had been administered previously, and failed.

I am aware that there is nothing novel or strange in the foregoing suggestions. I am also aware, however, that since blood-

letting has been so universally discarded by the general practitioner, the use of this most efficient means of relief in the management of cerebral congestion is quite as rare as the measure itself is ancient and simple.

It is for this reason—and from the fact that I have upon more than one occasion seen death take place where, judging from more recent experience in similar cases, such should not have been the result—that I have encroached so much on your valuable space with these desultory observations. The following cases recently admitted into the U. S. Marine Hospital at this port will serve to illustrate the prompt and gratifying manner in which blood-letting acts when called into requisition at the proper time and under proper circumstances:

Dan Jones, a large and muscular negro, was brought into the hospital, May 25th, in a state of complete unconsciousness. The history of the case was that he had suddenly fallen, three hours previously, while at work in the sun, and up to the time of his arrival at the hospital no perceptible change had taken place in his condition. An examination gave the following: pulse 120, full and strong; temperature 104°; slight paralysis of right side and constant muscular twitchings upon the left; inability to swallow; breathing in a small degree stertorous. Diagnosis: active cerebral congestion. Treatment: eighteen ounces of blood was taken from the temporal artery of the left side. Vomiting followed spontaneously a few moments afterward; muscular twitchings and stertorous breathing ceased at the same time. No other treatment was pursued. Consciousness was restored in the course of an hour, and the slight paralysis of the right side disappeared entirely on the following day. No weakness, fever, or other disagreeable symptoms were complained of by the patient in consequence of the loss of blood.

A report of other cases, as regards symptoms, treatment, and results, would be almost a repetition of the preceding.

LOUISVILLE.



## Correspondence.

## LETTER FROM LONDON.

*Dear News:*

In a former letter I spoke of an operation done by Mr. Sidney Jones for extrophy of the bladder, at St. Thomas's Hospital. The bar of tissue which he brought down a week ago has united throughout. To-day he completed the work by repeating what he did with the first bar, whereby he secures a complete roof to the bladder.

A middle-aged woman complained Sunday of colic—observed a tumor in her right groin; came to the St. Thomas Hospital Wednesday morning; was operated on soon after by Mr. Croft for strangulated femoral hernia. The knuckle of the small intestine, which had descended, was so far decayed that it was necessary to attach it by sutures to the edges of the incision.

Caries of the ankle in a boy of eight. Ascribed to injury received two years before. Great suffering; abscesses formed, burst, and continued to discharge; was treated in many ways. In hospital a long time. Excised the joint, removing astragalus at same time. Done by a crescentic incision under either malleolus; careful separation of periosteum by raspatory; extremity of tibia and fibula sawed off; large abscess found in end of and extending some distance up tibia. Subsequently removed astragalus, which was also carious. Langenbeck, to whom we really owe this operation, does it, as you know, by incisions straight down the leg bones; and Volkmann, whose experience in such cases is well nigh as great as Langenbeck's, declares this to be the only method. Mr. Croft did the operation, as I have said, by semilunar incisions. Volkmann also insists that the plaster of Paris, as a subsequent dressing, is simply invaluable here; invaluable because, as he applies it—which, you remember, is in two pieces, one for the leg, the other for the foot—it secures such perfect rest of the parts that the first dressing seldom requires to be disturbed before union of the cut has taken place. Mr. Croft

dressed this case with two side splints, fixed with a foot-piece, using the waxed bandage for wrapping. The operation was rendered bloodless by Esmarch's bandage.

Mr. Francis Mason, another one of the surgeons of St. Thomas's, but whom I failed to see at my first visit, has recently come before Americans in a volume on hare-lip and cleft-palate, which I believe you have already noticed in the NEWS. If you have not, you may safely say of it that it is a sound and good piece of work, done in a department of surgery where it was really needed. The book may be regarded as a continuation of the labors in this direction of the late Sir Wm. Fergusson, whose confidential assistant Mr. Mason was for many years. But, besides this, it contains much which belongs to Mr. Mason himself. I little thought, when I read the volume in Louisville a few weeks ago, that I should so soon see its author. Mr. Mason, who was the Lettsomian lecturer for 1878, chose for his subject "The Surgery of the Face." The lectures, which were delivered in January and February last, you have already seen in the Lancet, and will soon see, I suppose, in book form. They were profusely illustrated with wood-cuts, almost as much so as the writings on the same subjects of my sterling friend, Dr. David Prince, of Illinois. I confess a great weakness for wood-cuts. When one sees the same cuts, however, for a period of twenty or thirty years, they do grow somewhat monotonous; but where they are fresh, as they are in the two instances I have named, they add much to the interest of the work. I learn much more rapidly by my sight than by my ears, and I think most persons do.

I saw Mr. Mason do a very neat piece of work on a girl's face, the object being to give her a sufficient upper lip instead of one which was so tightly drawn as to be a source of continual trouble. I need hardly add that the case was originally one of hare-lip and cleft-palate. An operation which had been done some years before had left the lip in the condition I have named. A de-

tailed description of the procedure adopted by Mr. M. would weary you. Suffice it to say the lip was divided throughout from the alæ of the nose downward. Its free margin was then removed. The edges of the incision were finally brought together—the lip lying between them, and fixed by a pin and by numerous sutures. The patient's appearance was much bettered, and if satisfactory union takes place, both this and her comfort will be materially enhanced.

The societies here begin work—some at eight P. M., others at 8:30. All close at ten o'clock. A few minutes then are consumed in drinking tea or coffee and eating bread and butter or some small sweet cakes. I copy the regulations of one of the leading societies, to which the attention of members is "particularly requested:"

*"Reports of Cases.*—Reports of cases of which the records are complete must be forwarded to one of the secretaries a week before it is intended to communicate them to the society. As regards *short communications*, a brief statement of the principal facts must be made in writing to one of the secretaries before the day of meeting.

"The council are of opinion that as a rule no communication should be of such a length as to require more than ten minutes for its delivery. In narrating any case, the author is at liberty to abbreviate it by the omission of such details as do not appear to him indispensable for its elucidation.

"The reports should be written in a *form fit for printing*, having the title at the commencement, and the name of the author, with the date, at the end."

It will be observed that the secretaries, being thus advised, are enabled to make publication in the weekly medical journals of the papers which may be expected at their several societies, and thus members may know what is in store for them; for instance, the *Lancet* and other journals stated last Saturday that Mr. Lister would read, at the meeting of the Harveian Society next Thursday, a paper "On the Effects of Position on Local Circulation," and Dr. Hughlings Jackson one "On a Large Tumor of the Left Cerebral Hemisphere."

At a society which I attended a few evenings since, the moment the essayist rose, the chairman reversed one of those handy re-

mindings of the flight of time in the shape of a ten-minute hour-glass, which stood on his desk, and as "the sands nearly ran out" he suggested to the speaker that he had better omit further details and state his conclusions. This little pleasantry was rewarded by much clapping of hands and by the essayist turning over, without reading them, a number of pages, and finishing his paper within the allotted time. What a blessed thing it would be if some of our societies—state, district, county, and city—would pattern after their London cousins.

I have been unfortunate in missing ovariectomies. Of the four I have been invited to witness I was able, because of previous engagements, to see but one. That was done at St. Thomas's by Mr. MacKellar. The tumor consisted of one large and a number of smaller cysts. Contents fluid. Adhesions slight; pedicle long. Operation done under spray and otherwise antiseptically throughout. Ligature cut close and pedicle returned to abdomen.

The other day I saw Mr. Heath remove the epiglottis—the preliminary tracheotomy having been done some days before—on account of disease situated on the under surface of that structure. The operation was, of course, excellently well done. I had never before seen it, and it was the first time Mr. H. had performed it. We are both of opinion that it is not the easiest of surgical procedures.

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Faithfully yours,

D. W. YANDELL.

LANGHAM HOTEL, LONDON, May 14, 1878.

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## Books and Pamphlets.

THE METRIC SYSTEM IN MEDICINE AND PHARMACY. Read before the Suffolk District Medical Society, March 31, 1877, by T. B. Curtis, M. D.

VENTILATION. By W. C. Van Bibber, M. D., Baltimore, Md. Written for the Maryland State Board of Health, 1878. Annapolis: George Colton, State Printer. 1878.

AUTO-INOCULATION OF VEGETABLE PARASITES OF THE SKIN, AND THE CLINICAL TESTIMONY FOR THEIR IDENTITY OR NON-IDENTITY. By Edward Wigglesworth, M. D. Reprinted from the Archives of Dermatology, January, 1878. New York: G. P. Putnam's Sons. 1878.

LIQUOR FERRI, PEROXYCHLORIDE OF IRON, DIALLYSED IRON, CATALYTIC IRON. By Emil Scheffer, of Louisville. Read at the February Pharmaceutical Meeting of the Louisville College of Pharmacy. Reprint from the American Journal of Pharmacy, March, 1878.

MEDICINAL PLANTS INDIGENOUS IN MICHIGAN. By A. B. Lyons, M. D. Read before the Detroit Academy of Medicine, Nov. 27, 1877. Reprinted from the Detroit Lancet, February and March, 1878.

TEXAS PACIFIC RAILROAD: SPEECH OF HON. OTHO R. SINGLETON, OF MISSISSIPPI, IN THE HOUSE OF REPRESENTATIVES, MAY 21, 1878. Washington, D. C., 1878.

### Miscellany.

THE IMPOSSIBILITY OF BEING "MADE BEAUTIFUL FOREVER" BY ENAMELING.—London Med. Examiner: The fact that Sarah Rachel Levenson has twice brought herself within the clutches of the law by imposing on the credulity of the fairer and less reasoning sex, renders it desirable that an authoritative statement should go forth that it is a physiological and, therefore, a physical impossibility for any one to be "made beautiful forever" by any process of enameling. That many simple-minded people exist who really, from want of a proper understanding of the anatomy and functions of the skin, do believe that some method of permanent preservation is known, or may be discovered, must be conceded; as for one case where fraud of the kind practiced by Mrs. Levenson is brought to the light of public investigation, numbers occur of which nothing is heard. The external layer of the skin is composed of many superimposed layers of minute flattened cells or scales, which, as they approach the surface, become of horny consistence. These cells are as distinct, though not so visible, as the scales of a fish, except in the case of

a diseased exaggeration of the natural scalliness of the scarf-skin, when the cells actually assume a condition resembling fish scales, and give to this malady the name of "fish-skin disease" (ichthyosis). Each cell of which an animal tissue is composed has a limited period of existence, and those cells which form the outer coating of the skin have all but fulfilled their destiny. They are constantly being cast off, and their places taken by those beneath them. This process of destruction and reparation, shedding and replacement, goes on from birth till death; and, if it were to be prevented, most serious inconveniences to the internal economy would result. What we desire to impress on the fair sex, naturally desirous of preserving their charms "forever," is that no process of enameling can possibly attain this end for the reasons we have specified. The *complexion* is dependent on the transparency of the cells allowing the color of the blood contained in vessels which permeate the skin to show through. When the cells of the skin are pale, thin, and delicate, we have the clear and blooming complexion characteristic of the *blonde*. When the cells, or at least the deeper ones, are pigmented, thick, and non-translucent, we have the *brunette* complexion. Complexion, then, is dependent on the quality and quantity of the blood in the skin, and the condition of the cells of the skin through which the blood is seen. The way to insure having a proper quantity of healthy blood in the skin is to rise early, to be much in the open air, especially during the hours of sunlight, to avoid over-heated, artificially-lighted, unventilated rooms, and to retire early to rest. To keep the cells which protect the surface of the skin in a natural state, all that is necessary is to wash the surface of the body with soap and water only, or, in the case of some delicate skins which the alkali of most soaps irritates, with water alone. Whoever will attend to these directions will do all that can be done to preserve, as all ought to try and preserve, their skin in the most healthy and there-

fore beautiful condition. It can not be too strongly asserted that no cosmetic, enamel, wash, powder, paste, or lotion can ever subvert the natural process of waste and repair which is ever taking place in our bodies, and which is part of a general law observed throughout animate nature, that every cell has a limited period of existence equally as have all bodies composed of such cells.

**DIALYSED IRON.**—The Doctor: Most of our exchanges have of late had something to say about dialysed iron, and the manufacturers of this novelty in therapeutics are pushing it in all directions. Yet there are some who think it is not superior to other preparations, and a few venture to question whether, indeed, it is equal. Some differences of opinion, no doubt, arise through the use of diverse articles—others, from different doses.

**ATTENDANCE UPON FAMILIES OF MEMBERS OF THE PROFESSION.**—The British Medical Journal of April 20th contains the following communication: "My attention has been arrested by the letters in the Journal anent the above heading, and, as the question is of some importance, I will try briefly to give my experience. When I was only a pupil in London I had occasion to consult the late Sir James Clark, and I can never forget the words made use of by him on my tendering him a two-guinea fee—viz., 'Young man, if ever through life you want to insult a professional brother, tender him a fee.' During twenty-five years in harness I have always accepted that saying as my guide, never refusing service to or accepting such from the members of our truly noble (if exercised rightly) profession with the idea of a cash consideration; and though I and mine have consulted the profession largely, I have never received an account excepting the one inclosed in my letter published by you on the 16th of March for attendance on my daughter. I regret this the more, as it precluded me from the pleasure of acknowledging the services by a 'souvenir' of the confidence I

reposed in the brother to whom was intrusted my wife's or child's health. I may also state that I am married to the only daughter of a late surgeon, who prior to marriage spent most of her time in visiting in various parts of England and Wales, where she often required professional assistance, being delicate. In no instance did she ever offer, or her late father pay, for such in cash, *although on her return home a suitable acknowledgment was always made in a tangible form.* This I take to be the proper mode of expressing our gratitude; for what can raise a man more in his own estimation or public opinion than the fact of his being intrusted with the life of a brother or any member of his family?"

**TREATMENT OF FURUNCLES**—NOTE ON A NEW PROPERTY OF ARNICA.—As the result of physiological experiments, Dr. Planat (Lyon Medical) has been led to the use of arnica in all cases of superficial acute inflammation, as furuncles, anginas, erysipelas, etc. He states that arnica aborts all furuncular eruptions, except those accompanied by diabetes, with remarkable promptness. For external purposes he employs: extract of fresh arnica flowers, 10 parts; honey, 20 parts. If this is too liquid he adds lycopodium. The mixture is applied to the inflamed part, and covered with oil-silk. Equally good results will be obtained in the same cases by the internal administration of tincture of arnica in doses of twenty-five to thirty drops every two hours. M. Planat adds that the extinction of the furuncular eruption is so rapid that it seems impossible to deny a specific elective action.

**THE ASSOCIATION OF MEDICAL COLLEGES.**—London Med. Times and Gazette: The Association of Medical Schools, embracing so many honorable representatives of the best American colleges, is a harmonious body, determined to check the evil tendencies of modern medical teaching. Though only two years old, its influence is already widely felt.



**THE LIVER.**—H. M. Tuckwell, of Oxford, writes as follows to the London Lancet: The inclosed lines were written feelingly by a patient who suffered for some years from hepatic disease. Perhaps they may serve to amuse the readers of the Lancet:

DE JECORE SUO POETA QUERITUR.

Liver, liver, little liver,

Once so light upon my chest;

Then I needed not to question

Wherefore comes this indigestion,

Like a night-mare's nest?

Liver, liver, swelling liver,

Secret source of many an ill,

Naught can still thy sad commotion,

Blister, lotion, poultice, potion,

No, nor Cockle's pill.

Liver, liver, swollen liver—

So the chain'd Prometheus felt

When the bird of evil omen,

Fattening on his fat abdomen,

Peck'd beneath his belt.

Liver, liver, who'll deliver

When the surging bile boils o'er?\*

Doctors order (and it's very

Hard) that port, champagne, and sherry

May refresh and make me merry

Never, never more?

**CORROSIVE-SUBLIMATE POISONING.**—Brit. Med. Journal: A man named Charles Hornsey was indicted lately in the Crown Court at Exeter for the manslaughter of a woman who had consulted him about an ulcerated leg. He applied a lotion which on analysis appeared to be a solution of corrosive sublimate. The patient died with symptoms of mineral-poisoning, and the post-mortem examination proved death to have resulted from that cause.

**FRAUDULENT SYR. RHÆADOS.**—Professor Tichborne exhibited at a recent evening meeting of the Pharmaceutical Society of Ireland a specimen of so-called syr. rhæados, which had been offered by a London house, and which was simple syrup colored by magenta. Mr. H. N. Draper detailed a process for the decoction of magenta by extracting it with chloroform.

\* Ita Horatianum illud: "Difficili bile tumet jecur."

**BRAINLESS CHILD.**—New York Med. Journal: Dr. Seguin, at a late meeting of the New York Pathological Society, presented the body of a brainless child at full term. It had the usual appearance of an acephalous foetus. The face was perfect. The top of the head was covered by a red membrane, and beneath it there was a crust of bone. On removing this crust some serum was found, but no cerebral matter. The cerebellum was also wanting, and the first evidence of nervous substance was in the medulla oblongata. The optic nerve terminated in the sphenoid bone. The peripheral nervous system well developed. Dr. Seguin said the case was interesting in showing the independence of development of the brain, and of the remaining nervous system.

**DESERVING OF A MEDAL.**—Says the London Lancet of April 20th: A boy about eight years of age, while playing upon the steps at Southwark bridge on the evening of the 12th inst., overbalanced himself and fell into about twelve feet of water. A man was at the time giving his retriever-dog a swim by throwing a stick into the river, and while going after the piece of wood the dog caught sight of the boy struggling. The animal immediately left the wood and swam for the boy, catching him by the jacket as he was going down, and brought him safely ashore.

**PREGNANCY AT EIGHT YEARS.**—The Gazette Hebdomadaire reports a case of extraordinary precocity in a girl eight years of age. She was born fully developed, and had hair on the pubes, menstruated at four years of age, and was seduced and became pregnant at eight. The pregnancy resulted in a mole containing a well-characterized embryo. The father was a hopeful of thirtien years.—*Hospital Gazette*.

**THE Count de Kergaredec**, the first to apply auscultation to the detection of the fetal heart in pregnancy, died recently in Paris.

**INOCULABILITY OF MALIGNANT GROWTHS.** Novinski (Inaug. Diss., St. Petersburg, 1877) states the following conclusions as the result of many experiments on dogs and horses: 1. There is no doubt as to the possibility of inoculating medullary carcinoma and myxosarcoma. It is accomplished by means of the smallest possible incision in the skin (five millimeters long) and the insertion of fresh portions of the tumor. 2. The piece to be inserted should not exceed two to three millimeters in circumference. 3. The elements of carcinomatous tumors act probably as infecting agents when thus placed in the healthy tissues. 4. The conditions essential to the success of the experiment are the selection of animals of the same species, and tissues of the same sort as those in which the growth exists. 5. Fatty degeneration is more active in the inoculated growths than in the "mother-tumors." 6. In all successful inoculations the wound healed by first intention, but suppuration ensued on the degeneration of the inoculated portion.—*Centralblatt für Chirurgie*.—W. T. B., in *New York Med. Journal*.

**LADY DOCTORS.**—London Med. Times and Gazette: It has been wickedly remarked that a lady who practices medicine commits two faults: she increases the number of doctors, and diminishes the number of women.

**PRESERVATION OF ANATOMICAL PREPARATIONS.**—M. Personne recently exhibited at a meeting of the Academy of Medicine, in Paris, a number of preparations taken from a subject which had been injected with a solution of chloral hydrate five years previously. They were in very perfect condition, although they had been exposed to the atmosphere for so long a period without any other precaution than that of keeping them dry.

**ERGOT OF RYE.**—Labarde (Mouve. Méd.) shows the importance of giving injections of extract *near* the part it is desired to affect, the effect being produced more quickly.

**IMPURE SALICYLIC ACID.**—Lond. Lancet: An explanation of the ill effects induced occasionally by salicylic acid probably lies in the difference between the natural acid and the product produced artificially. It is a fair assumption that the latter is not always devoid of carbolic acid, which would account for many of the distressing gastric and head-symptoms that have been observed in patients who had been taking the drug for some time. A Note on Salicylic Acid, read by Mr. J. Williams, F. C. S., at a recent meeting of the Pharmaceutical Society, and published in the journal of the society last week, is worthy the attention of the profession. Mr. Williams's experiments have convinced him that the artificial acid as supplied in commerce is really made up of two bodies having very different properties.

### Selections.

**Hysterical Contraction of the Iris and of the Ciliary Muscle.**—Dr. Galezowski, in London Med. Press and Circular: Mad. Emma de Freschel, thirty-eight years of age, came to my surgery, No. 26 Rue Dauphine, on 9th of October, 1877. She is married, and the mother of a daughter twenty years of age. Since the time of her confinement she has been subject to nervous attacks brought on by the most trifling occurrences. These attacks are characterized by the sensation of a ball rising in the throat, and causing such a sensation of smothering that the patient, unable to bear the pain, tears her breast with her nails. During these attacks, which are always accompanied by alternating fits of laughing and crying, the patient heard and saw nothing; she became completely unconscious. These attacks usually appeared after menstruation. Soon the patient feels her extremities becoming numb and her joints stiffening; the lower part of the legs become swelled, and at length a general feeling of discomfort, which slightly affected her health.

Five or six years ago the fits of laughing and of crying which accompanied these attacks ceased. Since this time the patient has not become unconscious, but often suffers from faintness and giddiness, especially while digestion is going on. Since this epoch—that is to say, since about six years ago—she has felt her sight failing.

At the same time she began to suffer from shooting

pains in the left leg, which she could only ease by the application of cold water. These accidents became further complicated by incontinence of urine; every night during these attacks she passed urine in her bed. These accidents ceased, however, upon the 25th of last August. On this day, the patient having just finished a meal, wished to get up from the table, found her left leg had suddenly become benumbed, and that she could not move it in the slightest degree. Even at the present moment this lady limps considerably with the left leg, of which, however—thanks to electricity, which has been successfully applied during five weeks—she has partially regained the power of movement. The foot is turned slightly outward, and a permanent contraction of the flexor muscles exists.

The general sensibility is enfeebled in the left half of the body. The limits may be easily fixed, and correspond perfectly to the median line of the body. Upon the left side of the body a pin may be inserted with impunity to a depth of two millimeters without causing the least sensation. The left ala is devoid of sensibility, while the right ala feels the prick of the pin. It is the same for the cornea; the finger may be passed over the left cornea without causing the patient to wink. There is nothing abnormal in the external parts of the eye. No kind of paralysis of the motor muscles has been observed. The iris of both eyes is contracted, and myosis so well marked that the depth of the eye can not be observed. The acuteness of vision and the peripheric field of vision are in their normal condition, and the chromatic faculty is preserved.

On examining her on the 21st of last October, we observed that her pupils presented a diameter of two millimeters; the patient was the subject of a myopia of 5.75 dioptrics, but after having instilled a drop of atropia we obtained a dilation of six millimeters and a marked degree of hypermetropia; for it was only with a convex glass of 1.75 dioptrics that she could see at a distance.

Spasmodic myopia induced by hysterical accidents is an occurrence unique of its kind, and we do not think that it has been observed by others in any case before this one. This affection is not only rare in the hysterical diathesis, but is quite as much so in other diseases, constitutional or not, and we only know of some isolated cases in ophthalmology.

Dr. Graefe\* has only twice observed a tonic spasm of the accommodating muscle, and he considered it as a reflex neuralgia supervening in consequence of the lesions of the sensitive nerves. We, on our part, have observed acquired myopia with permanent contraction of the accommodating muscle in the case of a young woman who had tried to poison herself with

a strong dose of opium.\* Lastly, we have observed in the case of a patient suffering from ataxic syphilis, and who had been obligingly sent to us by Professor Lasèque, well-pronounced myosis accompanied by acquired myopia.

The contraction of the pupil is not rare; it has been even frequently observed in locomotor ataxy, as has been very clearly demonstrated by Romberg, Duchenne (de Boulogne), and by M. Charcot. Its presence in diseases of the heart (Eulenberg, Guttmann, Giovanni) has also been observed; but in these cases the contraction is limited to the radiating fibers of the iris, and the accommodating muscle was not attacked. In the case of another patient, upon the contrary, the hysterical contraction of the pupil had given place to an accidental myopia resulting precisely from a spasm of the accommodating muscle. It is probable that at some future day means may be found of modifying this ocular contraction, or that it will modify itself spontaneously after an attack; but it is certain that up to the present time all means, internal or local, have been without effect.

**Phosphate of Zinc in Neuralgias.**—Camille Troubert (*Gaz. des Hôp. and Cour. Méd.*) mentions a number of cases in which this treatment, first proposed by Ashburton Thomson, was successful, when other means failed. Two or three granules of four milligrammes each were given daily. It is important that the granules should be used, as other preparations are uncertain.—*London Doctor.*

**Treatment of Cancer by Pressure.**—*London Lancet:* M. Bouchut has recently introduced to the notice of the members of the Académie des Sciences a cuirasse of vulcanized caoutchouc, which he has used with success for the treatment of cancerous and other tumors of the breast. In this country there has been much division of opinion on the utility of pressure in the treatment of cancer, some surgeons regarding it as harmful or but rarely useful, others attributing to it great retardation of the rapidity of growth of the tumor, or even cure. The surgeons of Middlesex Hospital studied it systematically some years ago, and gave an unfavorable report. The theory of the plan is certainly good; a neoplasia, like a healthy tissue, is dependent upon its blood-supply for vitality and growth, and complete anaemia causes the death of a tumor as it does of a patch of brain-substance. It will be remembered that Mr. Haward last year related at the Clinical Society a case in point. He ligatured the left lingual artery for a recurrent epithelioma of the tongue; the tumor sloughed away, and a fortnight before the patient's death from blood-poisoning the tongue was quite healed. In just the same way ischaemia will impair the vitality and so

\*De Graefe, *Archiv. f. ophthalmologie*, *Bd. 2*, *Abh. 2*, p. 204.

\*Galezowski, *Recueil d'ophtalmologie*, 1874.

lessen the growth of a tumor. The difficulty is rather in the practical application of this theory. The knowledge that we now possess of the mode of growth of cancers gives us at least one important indication. If we have to deal with a neoplasia that grows at the periphery by gradual infiltration of the surrounding tissues, it is plain that for pressure to be useful it must be applied around the tumor rather than over it, where, by compressing and obstructing the capillaries, it would cause overfullness of those at the circumference. It is the periphery of a cancer that is its active part, and we must therefore produce ischaemia *around* and not *in* the tumor. In the application of the treatment this must be obtained by the careful adjustment of elastic pads of cotton wool; and, as the whole success of the plan depends upon the skill with which this is done, too much attention can not be given to it. We can not regard pressure as a substitute for removal of a cancer, but in the frequent cases where this is impracticable it appears to be the best substitute at present open to the surgeon. M. Bouchut's cuirasse would seem to be an improvement upon the spring pads and other appliances in use in this country.

#### Condition of the Skin in Tinea Tonsurans.—

London Doctor: At a meeting of the Royal Medical and Chirurgical Society, Dr. Geo. Thin read a paper on the Condition of the Skin in Tinea Tonsurans, in which he described the appearances seen in section through the entire thickness of the skin of a horse affected with ringworm. The spores of the trichophyton tonsurans are found among the most superficial scales of the horny layer of the epidermis. They are found in the cutis only in the shaft of the hair, and between the shaft and the internal root-sheath, hair-root, or hair-papilla, or connective tissue surrounding the hair-follicles; in no living tissue in fact. The changes observed in the cutis and rete mucosum are of an inflammatory nature. The spaces between the bundles of connective tissue are more or less infiltrated with colorless blood-corpuscles (pus-cells), the walls and immediate neighborhood of the blood-vessels being thickly studded with them. Retrogressive changes are found in the nuclei of the cells of the rete mucosum, and at some parts the epidermis has completely broken down, leaving the cutis denuded. In the latter case the surface was found covered with pus-cells. Small localized abscesses are found in the internal root-sheath and in the rete mucosum. The author suggested that these changes are due to irritation produced by the absorption of soluble matter set free during the growth of the fungus. The parasite feeds on effete epidermic structures, and can only assimilate by decomposing them. The incapacity on the part of the fungus to exist in living animal tissues

explains the *modus operandi* of the very numerous methods of curing ringworm. Many of the substances applied are simple irritants, while the parasitocides in common use are also irritants. Inflammation, when sufficiently acute, cures ringworm, as is shown by the fact adduced by the author in which a simple wound through a ringworm spot cured the whole patch. It is thus that the beneficial effect, in chronic cases, of a continued slight congestion is explained.

**Conversion of Occipito-posterior into Occipito-anterior Positions of the Vertex.**—Dr. Wm. H. Doughty, of Augusta, Ga., contributes to American Journal of Obstetrics for April a paper on this subject, in which the following conclusions are summarized:

1. The *primary conversion* of occipito-posterior positions of the vertex into occipito-anterior is a wholesome obstetric expedient, altogether practicable in many cases.
2. As it admits of resort early in labor, before the expulsive stage has fixed the position, and moreover promises and secures all the advantages of anterior over posterior positions, it is worthy of careful trial whenever it becomes necessary to expedite delivery in such cases.
3. In retarded dilatation of the os uteri from this cause, at as early a period as possible, this measure should be employed before "forced flexion" is attempted, even though the membranes be not ruptured, as the corrected position, even for dilating purposes, is to be preferred to the original position supplemented by "forced flexion" with forceps or other instrumental means.
4. In ordinary cases it deserves serious consideration, whether the correction of the position be not the first step proper to their management at or near the close of the first stage, this being the eligible moment for attempting it.
5. Conceding its practicability in many cases, it becomes the duty of the profession, by careful observation, to determine its true value as an additional resource, strictly conservative, in the conduct of all occipito-posterior positions.
6. Admitting the ultimate safety of occipito-posterior positions, no resource can be considered superfluous that promotes an increased ratio of occipito-anterior positions, for obvious reasons.

**Mortification of Stumps following the Application of Esmarch's Bandage in Amputations.**—In Centralblatt für Chirurgie, No. 41, 1877, a case of this kind is quoted from a Polish journal. Several cases have now been recorded in different quarters, so that care should be taken in using this valuable appliance.—London Doctor.